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In re: Igor Neyman et al.

Case: P3251

Application No.: 08/928,861

Filing date: 09/12/1997

Art Unit: 2645

Examiner: A Hoosain

Subject: Improved Call Center Apparatus and Functionality in Telephony

**Certificate of Transmission under 37 CFR 1.8**

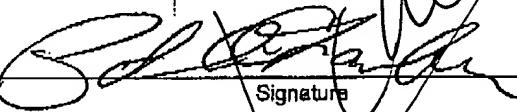
Examiner: Allen Hoosain

Fax No.: (703) 872-9314

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Total Sheets Transmitted - 21

1. Copy of PAIR sheet for 08/928,861 - 2 sheet
2. Copy of stamped Postcard listing contents - 1 sheet
3. Copy of Express Mail receipt Date In 08/21/2000 - 1 sheet
4. Copy of Amendment Transmittal as sent 08/21/2000 - 1 sheet
5. Copy of Duplicate Amendment Transmittal as sent 08/21/2000 - 1 sheet
6. Copy of Amendment F as sent 08/21/2000 - 12 sheets
7. Copy of Postcard listing contents - 1 sheet
8. Copy of Certificate of Express Mailing as sent 08/21/2000 - 1 sheet
9. Certificate of Transmission - 1 sheet

I find that PAIR fails to show receipt of the amendment submitted 08/21/2000. Attached is a copy  
of the amendment and proof of mailing. Please have this matched with the file.

Please call me at (831) 726-1457 if you have any questions.

**Burden Hour Statement:** This form is estimated to take 0.03 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

Official

3251



Certificate of express mailing No. EL573443581US  
Attorney Docket No: P3251 Serial No. 08/928,861 Date: 08/21/2000

1. Amendment F.
2. Amendment transmittal.
3. Duplicate Amendment transmittal.
4. Certificate of express mailing.
5. Postcard listing contents.

Official

"Express Mail" Mailing Label Number: EL573443581USCASE DOCKET NO. P3251In reference to application of Igor Neyman et al.Serial No. 08/928,861For Improved Call Center Apparatus and Functionality in Telephony

Sir:

Transmitted herewith is and an amendment in the above-identified application, under 37 C.F.R. 1.312.

No additional fee is required.  
 Small entity status of this previously submitted application under 37 CFR 1.9 and 1.27 has been established by a verified statement previously submitted.  
 A verified statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.  
 The fee has been calculated as shown below.

***** CLAIMS AS AMENDED*****							
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	Claims Remaining After Amendment		Highest No. Paid For Previously	Present Extra	Rate Small Entity	Rate Large Entity	Additional Fee
Total Claims	16	Minus	**20	0	\$09.00	\$18.00	\$0.00
Indep Claims	3	Minus	***3	0	\$39.00	\$78.00	\$0.00
<input type="checkbox"/> First presentation of a multiple dependent claim				\$135	\$270	\$0.00	
Extension Fee	<input type="checkbox"/> 1st Month	<input type="checkbox"/> 2nd Month	<input type="checkbox"/> 3rd Month		\$0.00		
Total additional for claims and time extensions						\$0.00	

\*\* If the "highest Number Previously Paid For" in this space is less than 20, write "20" in this space.

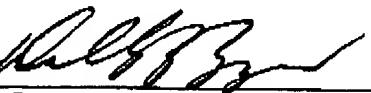
\*\*\* If the "highest Number Previously Paid For" in this space is less than 3, write "3" in this space.

\*\*\*\* Multiple dependencies, if any, included in the above calculation.

\* If the entry in column 2 is less than the entry in column 4, write "0" in column 5.

 A check in the amount of \_\_\_\_\_ is attached. Charge \$ \_\_\_\_\_ to deposit account \_\_\_\_\_ (A duplicate of this sheet is enclosed) Please charge any additional fees or credit overpayment to Deposit Account 50-0534 A duplicate of this sheet is enclosed.

Respectfully Submitted,


Donald R. Boys  
Reg. No. 35,074

Central Coast Patent Agency  
P.O. Box 187  
Aromas, CA 95004  
(831) 726-1457

3251

Certificate of express mailing No. EL573443581US  
Attorney Docket No. P3251 Serial No. 08/928,861 Date: 08/21/2000

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## Certificate of Express Mailing

"Express Mail" Mailing Label Number: EL573443581US

Date of Deposit: 08/21/2000

Ref: Case Docket No.: P3251

First Named Inventor: Igor Neyman et al.

Serial Number: 08/928,861

Filing Date: 09/12/1997

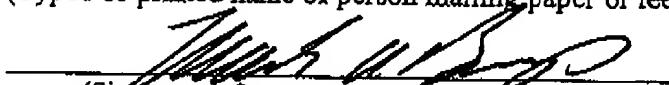
Title of Case: Improved Call Center Apparatus and Functionality in Telephony

I hereby certify that the attached papers are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and addressed to the Commissioner of Patents and Trademarks, Washington D.C. 20231

1. Amendment F.
2. Amendment transmittal.
3. Duplicate Amendment transmittal.
4. Certificate of express mailing.
5. Postcard listing contents.

Mark A. Boys

(Typed or printed name of person mailing paper or fee)

  
(Signature of person mailing papers or fee)

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<b>ORIGIN (POSTAL USE ONLY)</b>																															
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">PO ZIP Code <i>95004</i></td> <td style="width: 25%;">Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Saturday</td> <td style="width: 25%;">Flat Rate Envelope <input type="checkbox"/></td> <td style="width: 25%;"></td> </tr> <tr> <td>Date In <i>8/21/00</i></td> <td><input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 4 PM</td> <td>Postage <i>\$ 1175</i></td> <td></td> </tr> <tr> <td>No. Day Year <i>315</i></td> <td><input type="checkbox"/> 1st Day <input checked="" type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day</td> <td colspan="2">Return Receipt Fee</td> </tr> <tr> <td>Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM</td> <td colspan="3"></td> </tr> <tr> <td>Weight <i>4</i></td> <td>Int'l Alpha Country Code</td> <td>COO Fee</td> <td>Insurance Fee</td> </tr> <tr> <td>lbs. ozs.</td> <td colspan="3"></td> </tr> <tr> <td>No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday</td> <td>Acceptance C.R.T. Inscrip. <i>as</i></td> <td colspan="2">Total Postage &amp; Fees <i>\$ 1175</i></td> </tr> </table>				PO ZIP Code <i>95004</i>	Day of Delivery <input type="checkbox"/> Next <input checked="" type="checkbox"/> Saturday	Flat Rate Envelope <input type="checkbox"/>		Date In <i>8/21/00</i>	<input type="checkbox"/> 12 Noon <input checked="" type="checkbox"/> 4 PM	Postage <i>\$ 1175</i>		No. Day Year <i>315</i>	<input type="checkbox"/> 1st Day <input checked="" type="checkbox"/> 2nd Day <input type="checkbox"/> 3rd Day	Return Receipt Fee		Time In <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM				Weight <i>4</i>	Int'l Alpha Country Code	COO Fee	Insurance Fee	lbs. ozs.				No Delivery <input type="checkbox"/> Weekend <input type="checkbox"/> Holiday	Acceptance C.R.T. Inscrip. <i>as</i>	Total Postage & Fees <i>\$ 1175</i>	
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